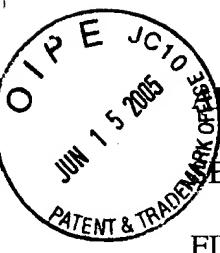


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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: SMOLYAROV et al.) ATTORNEY DOCKET: 01752810
SERIAL NO.: 09/717,559))
FILED: November 21, 2000) GROUP ART UNIT: 3763
TITLE: SAFETY MECHANISMS TO PREVENT ACCIDENTAL PATIENT
INJECTION AND METHODS OF SAME
DATE: June 15, 2005 CUSTOMER NO.: 26565

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Timothy M. Hubalik
(typed name of person mailing paper or fee)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

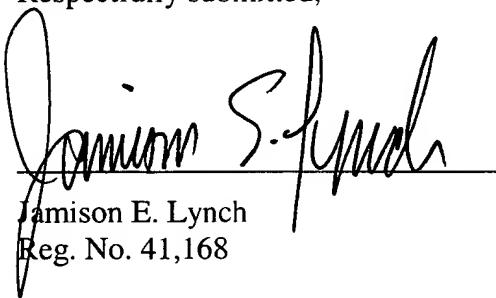
Transmitted herewith for the above-captioned patent application are:

1. Response to December 15, 2004 Office Action;
2. A check in the amount of \$ 1,020.00 as required by 37 C.F.R. § 1.17(a)(3) for a
three month extension of time under 37 C.F.R. § 1.136(a).
3. Authorization to Act In A Representative Capacity; and
4. Post card, to acknowledge receipt of same.

The Commissioner is hereby authorized to charge any additional filing fees required under Rule 1.17 concerning this transaction, or to credit any overpayment to Deposit Account 13-0019.

Respectfully submitted,

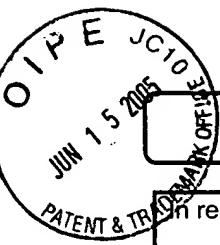
By:



Jamison E. Lynch
Reg. No. 41,168

CUSTOMER NUMBER 26565
MAYER, BROWN, ROWE & MAW LLP
P.O. Box 2828
Chicago, IL 60690-2828
(312) 701-8565

Dated: June 15, 2005



AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of:

SMOLYAROV et al.

Application No. 09/717,559

Filed: November 21, 2000

Title: SAFETY MECHANISMS TO PREVENT ACCIDENTAL PATIENT INJECTION AND METHODS OF SAME

Attorney Docket No. 01752810

Art Unit: 3763

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

Name	Registration Number
Jamison E. Lynch	41,168

This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does **not** have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

SIGNATURE of Practitioner of Record

Signature		Date June 14, 2005
Name	Joseph A. Mahoney	Registration No., if applicable 38,956
Telephone	(312) 701-8979	

This form offers a sample or suggested format for an authorization for an agent. See MPEP § 713.05 for more information. This sample form is not an OMB officially approved form.

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~~(signature of person mailing~~

Timothy M. Hubalik
(typed name of person mailing paper or fee)

Sir.

**AMENDMENT AND RESPONSE TO OFFICE ACTION DATED
DECEMBER 15, 2004**

This communication is responsive to the Office Action dated December 15, 2004.

Further examination of the application is respectfully requested after entry of the amendments proposed herein. This response is made within six months of the mailing date of the present Office Action. Accordingly, Applicant hereby petitions the Office for an extension of time of three months pursuant to 37 C.F.R. 1.17(a)(3). Accordingly, please apply \$1,020.00 from the enclosed check to pay this fee. If any additional fee is deemed payable, please charge such a fee to Deposit Account No. 13-0019. Applicants respectfully request amendment of the patent application and reconsideration and allowance of the pending claims.

06/17/2005 JBALINAN 00000104 09717559

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CHDB02 5088385.1 15-Jun-05 17:03

Docket No. 01752810

Amendments to the Claims are reflected in the listing of claims which begins on page 3.

Remarks/Arguments begin on page 8.